



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT
Office of Manufactured Housing
PO Box 42525 Olympia WA 98504-2525
360-725-2971 or 1-800-964-0852

APPLICATION FOR MANUFACTURED HOME INSTALLER

- TRAINING AND CERTIFICATION
- CONTINUING EDUCATION
- CERTIFICATION RENEWAL

1. Purpose of Application

Please check boxes that apply

Installer Certification

- | | |
|--|-------|
| <input type="checkbox"/> Installer Training Class & Certification Exam | \$200 |
| <input type="checkbox"/> Audit Installer Training Class | \$100 |
| <input type="checkbox"/> Audit Installer Training Class (local jurisdiction) | \$50 |
| <input type="checkbox"/> Timely Renewal | \$100 |

Continuing Education Class (certified installers only)

- | | |
|--|-------|
| <input type="checkbox"/> 4-hour course (offered again in 2007) | \$40 |
| <input type="checkbox"/> 12-hour course | \$100 |

2. Applicant Information

Please print clearly or type

All applicants must complete

APPLICANT NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Mailing

Address:

Home Phone: _____

(check one)

☐ Home

☐ Business

City

State

Zip Code

Business

Name: (If applicable)

Business

Phone: _____

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: _____

3. Certification Information

Applicants for Certification (first time or renewal) must complete

Are you now or have you been certified to install manufactured homes in Washington State? ☐ Yes ☐ No

If **yes**, what was the last WAINS number issued to you?

WAINS _____

If **no**, list your experience in the appropriate box. (REQUIREMENT: 6 mos. hands-on installation or 2 years residential construction)

_____ Months _____ Years

☐ Hands on installation ☐ Residential construction ☐ Both

Social Security No. _____

(Required for certification)

Date & Signature

All information on this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

4. Class Preference *Applications not post-marked by the cut-off date must include \$20 late application fee.*

Location _____ Dates _____

Make checks payable to CTED and mail to:

CTED/Office of Manufactured Housing
PO Box 42525
Olympia, Washington 98504-2525

OFFICE USE ONLY

☐ Application Accepted WAINS # _____

☐ Confirmation Sent Date: _____ ☐ Show ☐ No Show

☐ Payment Received Date: _____ From: _____

Exam Score _____ ☐ C & C sent Date: _____